



PROPOSAL TO DELETE OR ARCHIVE MIDDLE SCHOOL COURSE

◆ Please submit this request to the Curriculum Office by December 1st for the following school year ◆

COURSE INFORMATION:

Please identify the request for consideration: Delete Archive

Name of course proposed for deletion or archive:

Department(s) submitting proposed deletion or archive:

Explanation for proposed deletion or archive:

Is this course deletion going to interfere with a course sequence?

Yes No

THOMAS JEFFERSON MIDDLE SCHOOL

Signature of Department Chair:

Date

Signature of Building Administrator:

Date

LEWIS & CLARK MIDDLE SCHOOL

Signature of Department Chair:

Date

Signature of Building Administrator:

Date

Signature of Central Office Administrator

Date

[] Approval has been granted [] Signed copy sent to Department Chair, Lead Counselor, and SIPA department